

THIS IS A STANDARD RECORD
RETURN must be made for each, and the number of each in
order of birth stated.

WRITE PLAINLY WITH UNFADING INK. RETURN must be made for each, and the number of each in
order of birth stated.
N.B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in
order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No.

503

Local Registrar's No.

1. PLACE OF BIRTH

County

Navajo

State

Arizona

District or Township

No 6

or Village

City

Taylor

No.

St.

Taylor

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child

Verna Lee Hatch

3. Sex of Child

Female

To be answered ONLY

in event of plural
births.

4. Twin, triplet or other

5. No., in order of birth

2

6. Legitimate?

yes

7. Date

of birth

Month

Day

Year

April 11 1929

8

FATHER

Full name

Clarence Vern Hatch

14

MOTHER

Full maiden name

Lena Pearce

9. Residence

(Usual place of abode)

Taylor

If non-resident, give place and state.

Ariz

15. Residence

(Usual place of abode)

Taylor

If non-resident, give place and state.

Ariz.

10. Color or race

White

11. Age at last birthday

28 (Years)

16. Color or race

White

17. Age at last birthday

21 (Years)

12. Birthplace (city or place)

Taylor

(State or country)

Arizona

18. Birthplace (city or place)

Woodruff

(State or country)

Arizona

13. Occupation

Nature of industry

a Wager

19. Occupation

Nature of industry

House Wife

20. Number of children of this mother

2

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against oph-
thalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

alive

at 8:30 p.m. on the date above stated.

Signature

J. N. Heywood

Phys

(Physician or midwife).

*When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Given name added from
a supplemental report

Month, day, year

Address

Snowflake

Filed

May 4

1929

C. M. Kartchner

Registrar

Registrar

588-411-375